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No

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Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

De net age this ferm	o apant monitor			
1. Committee Inform	nation			
a. Full Name				c, ID Number
COLIN WEBSTER			DECEMIES	
b. Mailing Address (inclu	ide City, State and Zip Code)		RECEIVED	d. Date Filed
140 South Lakeshore Whispering Pines, N	e Drive		CED a di page	9/20
" mopering i mos, is	C 20021		SEP 28 2015	e. Phone Number
				9106391065
2. Report Year	3. Period Start Date (mm/d	4 Dowind P	MORE BOE 5. Treasurer Ful	Name
		(mm/aa/yy)	Colin Webster	1 1/4 mc
2015	7/27/2015		2015	
6. Type of Committ		9. Type of Report	(check only one type of repor	THE RESIDENCE OF THE PROPERTY
Candidate Campa	= .	Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	First	Final
"Booster Fund"		Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
Other:		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fund		Special	Final Special	
11. Account Inform	None		11. Account Information	
a. Financial Institution			a. Financial Institution Full Name	
First Bank	ная почина на виделя на может в нашения в почина до до на Мосто Верома в выпада	CHRIS STRUCK THE BUT HE STRUCK	g a verge, ma g, see ggestatues arregujo e sugree urano out, tamana 150, 2000, fi sa 150	
b. Purpose	c. Account Code		b. Purpose	c. Account Code
Checking Acc		1		
	d. Period Begin Balan	ce		d. Period Begin Balance
	\$ 0			\$
CERTIFICATION			sanding the control of the same	
				2B, & 22D-22M of Chapter 163 of
				ds. I further certify that this report
is complete, true an	d correct and that I have be	en trained by the NC	State Board of Elections.	0/27/2015
	Printed Name of Signer		Signature of Appointed Treasurer	9/27/2015 Date
FOR OFFICE USE			agnature of Appointed Treasurer	Date
	0.00 10		ana.	Delivery Method
Date Received		_ Employee:		Normal Mail
Date Postmark	ed	_ Employee:		Registered Mail
Date I ostillalk		Employee.		Hand Delivered
Date Scanned:		_ Employee:		☐ Electronically Filed ☐ Signer has not received
Date Data Ente	ered:	_ Employee		mandatory training
	his form cannot be used to	amend committee info	ormation such as the committee a	ddress, treasurer, assistant treasurer,
	his form cannot be used to a custo	amend committee info		ddress, treasurer, assistant treasurer,

Detailed Summary

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Amendment
☐ Yes ⊠ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

Colin For Council 35	ype of Reports Day		ETTaSminter:
Start of Election Cycle: January 1,	2015	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 0	Election Cycle \$ 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2015	\$ 2015
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	Id and IIe)	\$ 2015	\$ 2015
nakon manakan sa kanakan kanak	6-5-7012-00-00		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 939	\$ 939
13b) Contributions to Candidates/Political Committee	es <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 15	\$ 15
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 954	\$ 954
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ict line 18)	\$ 1061	\$ 1061
A TOTAL DESCRIPTION OF THE STATE OF THE STAT	Y SOME SOME SOME SOME Opposite Some Some Some	en produktiva produktiva produktiva. Na oraziona	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	···-	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)		\$
28) Contributions to be Refunded	(CRO-1215)		\$
20) Continued to be Atlanded	(CHO-1213)	. *	

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Part of the pro-					Aine	nament	
Contributions from Individuals	Pg	1	of	1		Yes	\triangleright

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Colin For Council 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Candidate Colin Webster c. Employer's Name/Specific Field Businessman e. Election Sum to Date 2015 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \boxtimes 1 Check 7/27/2015 500 \boxtimes Filing Fee 7/17/2015 \$ 5 1 Transfer 9/17/2015 1500 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Candidate Colin Webster c. Employer's Name/Specific Field Businessman e. Election Sum to Date \$ 2015 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \boxtimes \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 4. Total only this Page \$ 2015 5. Total of ALL CRO-1210 Pages \$ 2015 (This line must be on line 6 of Detailed Summary Page CRO-1100)

No

Disbursements	

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Fr Colin For Counc	dl(Name (and)kund al	utapplicable)				2:D.Number
		e use separate Ol	10-	KiO forms for each is	pe of Disbursem	ent.)
Operating Ex	kpenses	Contributions to Can-	lidat	es/Political Committees	Coc	ordinated Party Expenditures
4- Payee Inform	Branch Committee		11.00003.70	[d] Coordinated Committee N	Remove	d. Conments
a, Full Name, Maili (include city, state, o			D. '	Coordinaten Committees X		Edit Comments
Moore County E		is-rid-scribmen vinceryn dwysaurich				
			c.]	evel Registered (Specify)		
			F	Federal	County:	
			<u> </u>	State 🔀	Municipality:	e: Election Sum to Date
						\$ 5
f. Account Code	g. Form of Payment	h. Purpose Code	27	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	Filing Fee		7/17/2015	\$5	
<u>-</u>			+			
					\$	
4 Payee Inform	CEC CONTROL NOW DO NOT THE TOTAL OF THE PARTY OF THE PART		100		Remove	
a, Full Name, Maili (include city, state,			0,	Coordinated Committee N	ame	t. Comments
Moore County I		roggerjang posterioral station policy				
			Ç,	Level Registered (Specify)	Standard College Office Late College Co. Cont.	
			<u> </u>	Federal State	County:	
			┡		Municipality:	e, Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ı	Cash	Voter Lists		8/05/2015	\$25	
				.,,	1	
					\$	
4. Paycedii furi	CONTRACTOR		2001/2003	dd	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone	raturgerije vije (1895. bilet Petroger javen kanton da sa	D.	Coordinated Committee	Name	d. Comments
Sherri Sabo, 75			1	n		
Pinehurst, NC 2	28374		c	Level Registered (Specify		
				Federal	County:	
			H	State 🔀	Municipality:	e. Election Sum to Date
						ļ \$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
	Check	Α			\$914	
					\$	
5.Total oily (i	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T				and the second second	\$ 944
	GCRO-1310 Pages o line 13a of Detailed Su		nn :	(Oneratina Frances)		
				f Contrib to Candidates/Pol	litical Comm)	\$ 944
(This line goes in	n line 13c of Detailed Su	mmary Page CRO-11	00 ij	f Coordinated Party Expend		
Purpose Cou	les (Eist detailed e) B* - Printing	ependiture code i C*=Fu	400	the contract of the contract o	D To A-	other Candidate
E - Salaries	F* - Equipmen	t G - Poli	tical	Party	H* - Hold	ing Public Office Expenses
I - Postage O* - Other	J - Penalties			Expenses		ation to Legal Expense Fund
	re deiziled exalana	ikon in Eerobed	ren	naeks field (L)		

Disbursements

Pg 2 of 2 Amendment ☐ Yes ☑ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee For Counc	ill Name (and Fond il	if applicable)				2. ID Number
ist disvine (of Disjon	resoment (Pleas			1310 forms for each sy		
Operating Ex		Contributions to Cand	AND THE REAL PROPERTY.	es/Political Committees	Remove	dinated Party Expenditures
a. Full Name, Mallin (include city, state, &	as per company to the first of the contract of		ь. С	Coordinated Committee Na	me	d. Comments
Staples		Propertional property (Mineral graft)	Urbs v	. Milliano, Joge J. Jog group may 1881 Andreas Association	Janusenia spriestie by doe is on it	
			c, L	evel Registered (Specify) Federal	County:	
				State 🔀	Municipality:	e. Election Sum to Date
						\$ 10
f. Account Code	g. Form of Payment	h. Purpose Code	Sin F	i. Date (mm/dd/yyyy)	j. Amount	k Required Remarks Cards
	Cash	В		9/21/2015	\$10	Curus
					\$	
	APPLICATION OF THE STREET	ELEVA PERIO DE L'ESTADORES	A	dd Coordinated Committee N	Remove	d. Comments
a. Full Name, Maili (include city, state,	estranounding deficies recent care	en de la companya de La companya de la companya de	4 3506 5 16	Consultated Committee IV		- COMBICHS
		,	e i	Level Registered (Specify)		
			Ē	Federal	County:	
			<u>L</u>	_ State	Municipality:	e. Election Sum to Date
f Account Code		h. Purpose Code				k. Required Remarks
9.73.3.0111.4.00.6	g. Form of Payment			i. Date (mm/dd/yyyy)	j. Amount S	K-Required Remarks
					3	
4					\$	
4. Payes Intorn	tation ing Address & Phone		335	.dd <u></u> . Coordinated Committee N	Remove Name	d. Comments
(include city, state,			1,002.00		Conference of the Conference o	
			c.	1 Level Registered (Specify)		
			F	Federal State	County: Municipality:	c. Election Sum to Date
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TO THE STANDARD PROPERTY OF THE PROPERTY OF TH	2 December 2 menten er en 1938 de Leure (1937)	en er andringen igranja i Centricum Biziki.	ogottudi de	a e responsibilité le literation control de la control de	\$	
5 Totaloriyal	Para visit in the control of the con		¥.444		\$	\$
6/Foral (06AF)	J CROS 310 Pages			and the second s		ALL W
	n line 13a of Detailed Su n line 13b of Detailed Su		_	f Operating Expenses) f Contrib to Candidates/Pol	itical Comm)	\$
(This line goes in	n line 13c of Detailed Su	mmary Page CRO-11	00 if	f Coordinated Party Expend		
A* - Media		Ć* - Fú	ndra	aising		ther Candidate
E - Salaries I - Postage	F*⇔Equipmen J - Penalties			Party Expenses		ng Public Office Expenses tion to Legal Expense Fund
O*-Other Codes requi	rezdetailed explaits	tion in required	ren	nuksfield (3		

In.	Kin	d i	Con	trib	utions	3
In-	- N I II	u	Con	11. C.H.D	uuton	i.

 \boxtimes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Full Name (and Fund if applicable) 2. ID Number. Colin For Council 3. Contributor information / Add Remove b. Type of Contributor a. Full Name, Mailing Address & Phone c. Comments (include city, state, & zip) Individual Colin Webster140 South Lakeshore Dr, \boxtimes Candidate Whispering Pines, NC 28327 Party PAC d. Election Sum to Date Referendum Other Receipt Source \$ 40 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Filing Fee 7/17/2015 Voter Lists 8/05/2015 \$ 25 Cards \$ 9/21/2015 10 3: Contributor Information Add a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Candidate Party PAC Referendum d. Election Sum to Date Other Receipt Source f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description was not read site or the first and a state of the state of the state of the state of the state of \$ \$ \$ 3. Contributor-information Add Remove a. Full Name, Mailing Address & Phone c. Comments b. Type of Contributor (include city, state, & zip) Individual Candidate Party PAC d. Election Sum to Date Referendum Other Receipt Source \$ g. Fair Market Amount e, Description f. Date (mm/dd/yyyy) \$

\$ \$ 4. Total only this Page \$ 5 Modal of Alder CRO31510 Pages \$

(This line must be on line 17 of Detailed Summury Page CRO-1100)